 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery 25 Delivery No
1. Article Addressed to:	IT YES, enter don't year.
MR. JOHN E. POTTER POSTMASTER GENERAL US 475 L'ENFANT PLAZA, SW RM 10022	3. Service Type St. Certified Mail
WASHINGTON, D.C. 20060	☐ Registered ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
, NeBraon Vs. Potter et al 2. Article Number 7006 03	4. Restricted Delivery (Exact Page 14)

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)

PS Form 3811, February 2004